

VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE ENROLLMENT FORM - Page 1



- Use this form to enroll in the RHS Plan. Please print legibly in blue or black ink.
- Read instructions on the back before completing this form.
- Make changes to existing accounts on the *VantageCare Retirement Health Savings (RHS) Plan Employee Change Form*.

1 Participant Personal and Work Information

Employer Plan Number 8		Employer Name		State	
Name (Last, First and Middle Initial)			Mailing Address		
Social Security Number			Street		
			City		
			State		
			Zip Code		
Gender		Marital Status		Work Phone Number	
____ Female ____ Male		____ Married ____ Single		(____) ____ - ____	
				Area Code	
Date of Birth			Date Employed		
____/____/____			____/____/____		
Month Day Year			Month Day Year		
Home Phone Number			Job Title		
(____) ____ - ____					
Area Code					

2 Beneficiary Designation

Primary Beneficiary(ies)

Name	Relationship	% of Benefits	SSN
DOB	Full Address		
Phone Number (____)			
Name	Relationship	% of Benefits	SSN
DOB	Full Address		
Phone Number (____)			
Name	Relationship	% of Benefits	SSN
DOB	Full Address		
Phone Number (____)			
Name	Relationship	% of Benefits	SSN
DOB	Full Address		
Phone Number (____)			

☐ Additional primary beneficiaries on attached sheet

(Note - Residents of community property states should consult a financial adviser.)

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO YOUR EMPLOYER

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2 Beneficiary Designation (Continued)

Contingent Beneficiary(ies) (Death benefits will be paid to a Contingent Beneficiary only if **NO** primary beneficiary lives longer than you.)

Name _____ Relationship _____ % of Benefits _____ SSN _____ - _____ - _____

DOB _____ Full Address _____

Phone Number (_____) _____

Name _____ Relationship _____ % of Benefits _____ SSN _____ - _____ - _____

DOB _____ Full Address _____

Phone Number (_____) _____

Name _____ Relationship _____ % of Benefits _____ SSN _____ - _____ - _____

DOB _____ Full Address _____

Phone Number (_____) _____

Name _____ Relationship _____ % of Benefits _____ SSN _____ - _____ - _____

DOB _____ Full Address _____

Phone Number (_____) _____

☐ Additional contingent beneficiaries on attached sheet

(Note - Residents of community property states should consult a financial adviser.)

3 Allocation of Contributions

All contributions will initially be invested in the Vantagepoint Money Market Fund.

You may change your investment allocation for future contributions through VantageLine, VantageLink or an ICMA Retirement Corporation (ICMA-RC) Customer Services Representative. In addition, your account balance may be transferred among the Vantagepoint Funds through VantageLine, VantageLink or an ICMA-RC Customer Services Representative.

4 Authorized Signatures

I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds. I acknowledge that I have read the instructions for the *RHS Employee Enrollment Form*. I understand that the ICMA Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, recording instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the ICMA Retirement Corporation, nor ICMA-RC Services, Inc., will be liable for any loss, cost, or expense for acting upon any telephone or Internet instructions believed by it to be genuine and in accordance with the required procedures. If I am married and live in a community property state (see instructions), I certify that my spouse has signed below if I have named someone other than my spouse as primary beneficiary in Part 2.

Participant Signature _____

Date _____

Your Spouse's Signature (if resident of a community property state) _____

Date _____

5 Employer Use Only

Employer Signature _____

Date _____

Is the employee currently eligible to receive benefits? ☐ Yes ☐ No

If yes, what date did the employee become eligible? _____/_____/_____
Month Day Year

(If yes, the Employee should also complete the *RHS Plan Employee Eligibility Form* for Zenith Administrators, Inc.)

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN TO YOUR EMPLOYER

RHS PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS



By completing this enrollment form, you are providing the necessary information to establish an account in your employer's RHS Plan.

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. In order for ICMA-RC to process your enrollment efficiently, please complete this form accurately and completely and submit it to your employer. Please be sure to keep a copy of all forms and documentation you submit for your records. (Future changes can be made on the *RHS Plan Employee Change Form*.)

Always review your quarterly statements to confirm the accuracy of your enrollment information. If you discover a discrepancy, contact ICMA-RC's Investor Services at 1-800-669-7400 as soon as possible.

1. Participant Information

Please complete this section carefully. The information will be used to establish your account and you will receive your ICMA-RC statement at the address indicated. The employer plan number is available from your employer.

2. Beneficiary Designation

Your employer's plan governs how your account may be distributed upon your death. Your employer has chosen whether your account will be transferred to your spouse and/or dependents for reimbursement of their medical expenses or paid out to your beneficiary(ies).

Regardless of which option your employer has chosen, it is important that you complete this section to designate your beneficiary(ies). If this form is not signed, your beneficiary selection(s) will not be valid.

Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if a death benefit payment is required under the plan. If no primary beneficiary(ies) live longer than you, your contingent beneficiary(ies) will receive the accumulated value of your account. If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid to your estate.

If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), please check with your financial adviser before completing this section.

If you need to designate more than four primary beneficiaries or more than four contingent beneficiaries, please do so on a separate sheet of paper.

3. Allocation of Future Contributions

All contributions will initially be invested in the Vantagepoint Money Market Fund. You may change the investment allocation for your future contributions through VantageLine, VantageLink, or an ICMA-RC Investor Services Representative. You may also transfer your account balance among Vantagepoint funds through VantageLine, VantageLink, or an ICMA-RC Customer Services Representative. State law, local law, or your employer may place restrictions on available investments.

4. Authorized Signatures

Employee:

Once you have completed this form, sign it, make a copy for yourself and submit it to your employer.

Any resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) who is married should obtain his or her spouse's consent to designate a primary beneficiary other than his or her spouse.

WELCOME TO THE RHS PLAN!

Employer:

Once the employee has completed this form, please verify his/her eligibility to enroll by signing the form in Section 5 and enter this information into EZ Link. If the employee is eligible to receive benefits immediately, please provide the *RHS Employee Benefit Eligibility Form* to the employee and enter the benefit eligibility information into EZ Link.

Retain a copy of this form for your records as ICMA-RC will call upon you for the beneficiary information when needed.